



United Behavioral Health

Coverage Determination Guideline: Dissociative Identity Disorder

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INTRODUCTION

Coverage Determination Guidelines are a set of objective and evidence-based behavioral health criteria used by Commercial plans that don't have a provision for medical necessity to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum®¹.

INSTRUCTIONS FOR USE

This guideline provides assistance in interpreting UnitedHealthcare Commercial benefit plans, and is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum. When deciding coverage, the member's specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using this guideline. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this guideline and the member's specific benefit, the member's specific benefit supersedes this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in *Clinical Criteria*.

This guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Optum may develop clinical criteria or adopt externally-developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member-specific benefit plan document and any federal or state mandates, if applicable.

¹ Optum is a brand used by United Behavioral Health and its affiliates.

COVERAGE RATIONALE

Available benefits for Dissociative Identity Disorder include the following levels of care, procedures, and conditions:

- Levels of Care
 - Inpatient
 - Intensive Outpatient Program
 - Outpatient
 - Partial Hospital Program
 - Residential Treatment Facility
- Procedures
 - Diagnosis, evaluation, assessment, and treatment planning
 - Treatment and/or procedures
 - Medication management and other associated treatments
 - Individual, family, and group therapy
 - Provider-based case management
 - Crisis intervention
- Conditions
 - Depressive Disorders classified in the current edition of the *International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association* that are not excluded from coverage.

Indications for Coverage

The requested service or procedure must be reviewed against the language in the member's benefit document. When the requested service or procedure is limited or excluded from the member's benefit document, or is otherwise defined differently, it is the terms of the member's benefit document that prevails.

Per the specific requirements of the plan, health care services or supplies may not be covered when inconsistent with generally accepted standards and clinical guidelines.

A. Initial evaluation common criteria and best practices

- Optum recognizes the American Psychiatric Association's Practice Guidelines for the Psychiatric Evaluation of Adults (2016):
 - <http://www.psychiatry.org> > Psychiatrists > Practice > Clinical Practice Guidelines
- Dissociative disorders (DDs) are a cluster of disorders that are often associated with a history of trauma (Candel & Merckelbach, 2004; Schlozman & Nonacs, 2016). They often feature a disturbance in (American Psychiatric Association, 2013):
 - Identity,
 - Memory,
 - Perception, and
 - Consciousness
- Subtypes of dissociative disorders include (Coons, 1998):
 - Dissociative identity disorder (DID) - formerly referred to as multiple personality disorder
 - Dissociative amnesia (DA) - loss of autobiographic memory for previous experiences or before a certain point in time
 - Dissociative fugue (DF) - has the same characteristics as DA
 - Depersonalization/derealization disorder (DPD) - also known as derealization disorder in which there is a belief that they have been altered in some way or that they are no longer real.

B. Differential Diagnoses

- Clinicians must be able to recognize and diagnose nondissociative disorders to avoid incorrectly diagnosing DID or failing to identify the presence of true comorbid conditions (International Society for the Study of Trauma and Dissociation, 2011).
- Dissociative disorders are thought to develop after experiencing severe emotional or physical trauma with limited understanding of the neurobiologic basis of dissociative disorders (van der Hart, et al 2004). A differential diagnosis includes (Korzekwa, et al 2009):

- Distinguishing among acute substance intoxication, withdrawal, or substance-induced persisting amnesic disorders
 - Distinguishing from amnesia disorder due to brain injury, seizure disorders, delirium, dementia, age related cognitive decline and nonpathologic forms of amnesia (such as amnesia for sleep and memory loss)
 - Identifying symptoms due to physiologic consequences of a medical condition
 - Depersonalization/derealization disorder should not be diagnosed when symptoms occur during a panic attack or in the context of panic disorder, phobias or stress disorders
 - The disturbance must not be a normal part of a broadly accepted cultural, spiritual, or religious practice experienced in many cultures around the world (American Psychiatric Association, 2013)
- C. Treatment planning common criteria and best practices
- Optum recognizes the American Psychiatric Association's Practice Guidelines for the Psychiatric Evaluation of Adults (2016):
 - <http://www.psychiatry.org> > Psychiatrists > Practice > Clinical Practice Guidelines
 - Treatment should move the patient toward better integrated functioning whenever possible (International Society for the Study of Trauma and Dissociation, 2011)
 - Helping an individual's identities be aware of one another as legitimate parts of the self and to negotiate and resolve their conflicts is an important component of the therapeutic process (International Society for the Study of Trauma and Dissociation, 2011)
 - A desirable outcome for treatment is a workable form of integration or harmony among an individual's alternate identities (International Society for the Study of Trauma and Dissociation, 2011)
- D. Psychotropic medication is not a primary treatment for dissociative processes, and further research is necessary regarding specific recommendations for pharmacotherapy for most symptoms (International Society for the Study of Trauma and Dissociation, 2011)
- FDA approved medications such as anxiolytics, antidepressants or antipsychotics may be considered to treat co-occurring mood and anxiety symptoms. (International Society for the Study of Trauma and Dissociation, 2011)
- E. The primary treatment modality for DID is individual outpatient psychotherapy, such as cognitive behavioral therapy (International Society for the Study of Trauma and Dissociation, 2011)
- Psychotherapy for dissociative disorders generally proceeds in 3 phases (Brand, et al 2006; International Society for the Study of Trauma and Dissociation, 2011; Brand, et al 2014).
 - Phase 1 includes stabilization and symptom control, education about treatment, affect and impulse regulation skill building, increasing awareness of dissociated self-states, and establishment of a therapeutic alliance.
 - Phase 2 includes processing of traumatic memories, resolution of trauma-related cognitive distortions, and development of a narrative of traumatic experiences.
 - Phase 3 involves a resolution of dissociated self-state and a focus on current and future life issues.
 - Eye movement desensitization and reprocessing (EMDR) can be helpful when used within an overall treatment approach, rather than as a standalone treatment (International Society for the Study of Trauma and Dissociation, 2011)
 - EMDR is recommended only when the patient is generally stable, has adequate coping skills, internal cooperation among alternate identities, and an ability to maintain a dual focus of awareness (International Society for the Study of Trauma and Dissociation, 2011)
 - Patients with DID generally do poorly in generic therapy groups that include individuals with heterogeneous diagnoses and clinical problems; group psychotherapy is not a viable primary treatment modality for DID (International Society for the Study of Trauma and Dissociation, 2011)
 - Certain time-limited groups for selected patients can be valuable adjuncts to individual psychotherapy (International Society for the Study of Trauma and Dissociation, 2011)

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other clinical criteria may apply.

Diagnosis Codes	Description
311.14; F44.81	Dissociative Identity Disorder

Procedure Codes	Description
90785	Interactive complexity Psychiatry Services & Procedures (list separately in addition to the code for primary procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service(list separately in addition to the code for primary procedure)
90834	Psychotherapy, 45 minutes with patient
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90837	Psychotherapy, 60 minutes with patient
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to the code for primary service)
90846	Family psychotherapy (without the patient present), 50 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with the patient present), 50 minutes
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes
H0004	Behavioral health counseling and therapy, per 15 minutes
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem

H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H2001	Rehabilitation program, per 1/2 day
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral health day treatment, per hour
H2013	Psychiatric health facility service, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2019	Therapeutic behavioral services, per 15 minutes
H2020	Therapeutic behavioral services, per diem
H2033	Multisystemic therapy for juveniles, per 15 minutes
S0201	Partial hospitalization services, less than 24 hours, per diem
S9480	Intensive outpatient psychiatric services, per diem
S9482	Family stabilization services, per 15 minutes
S9484	Crisis intervention mental health services, per hour
S9485	Crisis intervention mental health services, per diem

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REVISION HISTORY

Date	Action/Description
10/11/2016	• Version 1 – Draft Approval by UM Committee
10/11/2017	• Version 2 – Annual Update
02/12/2019	• Version 3 – Annual Review